

said, and VA officials stuck with the earlier data because trying to explain "would be more challenging and perhaps more confusing."

"The reason they felt it was OK to do that was that, although the numbers are increasing" due to more troops being discharged and seeking help, Benson said, "the rate of PTSD is staying relatively constant."

But critics said that even if the annual PTSD rate was constant, the number of cases was rising nonetheless.

"They continue to downplay the severity and the real size of the problem," said Paul Rieckhoff, executive director of the Iraq and Afghanistan Veterans of America and a platoon leader during the war.

VA officials also had at the time of the February budget hearing a report from the department's Special Committee on Post-Traumatic Stress Disorder. It warned that the VA was unable handle services to new combat veterans as well as survivors of past wars, saying: "We can't do both jobs at once within current resources."

Most of the PTSD cases the VA sees involve veterans from earlier conflicts, primarily Vietnam.

Baugh of Kansas City won't talk much about his Iraq deployment because it triggers bad memories. But when he returned home in 2004, he couldn't escape them.

"I was jumpy, angry, irritated, sleeping one, two hours a night," Baugh said. "I was totally worn out. I'd drink and drink and drink just to shut the memories down and the nightmares."

His wife pushed him to get help. Baugh said he'll "jump through the ceiling" if she drops a frying pan. The clattering of kids skateboarding down his street sounds just like "gunfire in the distance: kack-kack-kack-kack."

Joshua Lansdale knows about nightmares and noises, too. A 23-year-old veteran from Kansas City, North, he spent 11 months in the Sunni Triangle as a firefighter and emergency medical technician with the Army Reserve's 487th Engineer Detachment.

"It was a pretty hot zone," he said. "We took a lot of mortar fire, IEDs, car bombs, saw a lot of helicopter crashes and worked the UN embassy bombing. I dragged a lot of people out of burning buildings, cars, motorcycle wrecks and explosions."

Back home, Lansdale was diagnosed with PTSD and joined a support group at the VA hospital. He predicted that returning troops would overrun the VA.

"A third of all soldiers are seeking help," he said. "Do we have the capability of treating all those soldiers? I don't think we do."

HONORING THE LIFE OF SERGEANT MIKE STOKELY

(Mr. WESTMORELAND asked and was given permission to address the House for 1 minute.)

Mr. WESTMORELAND. Mr. Speaker, Sergeant Mike Stokely joined his fellow soldiers in the National Guard in Iraq, turning down a service opportunity that would have allowed him to stay home in Georgia.

Last year Sergeant Stokely married his high school sweetheart. Then, 1 week later, he answered his Nation's call to duty and headed to Iraq as part of the 48th Brigade.

Sergeant Stokely's work in the Army fulfilled his lifelong dream. According to his father, Coweta County Solicitor Robert Stokely, from the time Sergeant Stokely was in middle school, he

cared more about seeing his name on dog tags than seeing his name on a driver's license. As a rising senior high school star, he chose to spend his fleeting days of youthful freedom at a Fort Benning boot camp.

In early August of last year, Sergeant Stokely called his family from Iraq and told them that if the time came to make the ultimate sacrifice for his Nation, he was ready. Then on August 16, 2005, after having been on duty for more than 30 hours, Sergeant Stokely volunteered for another mission. Sergeant Stokely stood guard as his best friend and another soldier checked a suspicious location. An IED exploded, and Sergeant Stokely died in his best friend's arms. It happened 3 months after his wedding day.

The father of this American hero told me, "As much as I hurt for the loss of my older son and the memories we will never have, I am thankful for the 23 years we had and a son who knew his purpose in life, and his dreams were fulfilled."

I want to commend Sergeant Stokely and his family for his honor and service and his dedication to duty.

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OUR MEN AND WOMEN ON THE FRONTLINES OF IRAQ AND AFGHANISTAN

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me just reflect on what we owe the men and women on the frontlines of Afghanistan and Iraq. I think we owe them the best equipment, the best leadership, and the best minds. So I was disturbed as I read the article in the USA Today that indicated that more soldiers were being killed in the utilization of Humvees in 2005 and 2006 than had been in the years past in the war in Iraq.

Mr. Speaker, it is important and imperative that an immediate reaction be given and an action be taken by the Department of Defense to help save the lives of our young men and women on the frontlines, the reinforcement of Humvees, new technology in body armor, new technology in head gear. Our children are dying. They are without the proper body armor and Humvees, and that is insufficient for a country of this size.

Finally, it is imperative that a full accounting be given about the dollars that have been spent in Iraq as to what they have been spent for, why they have been spent, and, of course, an accounting that shows that no corruption has taken place.

HONORING DODIE DITTMER OF THE COMMUNICATION WORKERS OF AMERICA

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. BROWN of Ohio. Mr. Speaker, I rise to honor my friend Dodie Dittmer of the Communication Workers of America for her 43 years of service. She started at Ohio Bell in Dayton back in 1963.

Dodie Dittmer has always been there for workers and, in the great tradition of the labor movement, always been there for her community. She was always a good soldier, a private in her humility as she was willing to pitch in on every task and a general in her leadership. She was always a good soldier in the battle for social and economic justice. For that, we are all thankful to Dodie Dittmer.

REDUCING CLASS SIZE

(Mr. MEEK of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MEEK of Florida. Mr. Speaker, I come to the floor today to announce that last Friday a bipartisan coalition of 20 State senators, all 14 Democrats and 6 Republicans State senators, came together to protect the people of the State of Florida as it relates to smaller class sizes.

The people of Florida in 2002 voted and approved class size limits in Florida to make sure that the State pays for smaller class sizes and not local districts. Floridians said three things: Public education is a high priority, classrooms packed with students are unacceptable, and that Floridians want tax dollars to provide a quality education for all of Florida's children. But some State officials tried to undercut that decision made by the voters for Florida's children.

Today, I want to enter the names of those senators and those State representatives that put forth their vote to make sure that we protect those that are in public education now in the State of Florida and those that are yet unborn. They should be commended and their names placed into the CONGRESSIONAL RECORD for future generations.

State Senators Nancy Argenziano, Dave Aronberg, Larcenia Bullard, Walter Campbell, Jr., M. Mandy Dawson, Paula Dockery, Rodolfo Garcia, Jr., Steven Geller, Anthony Hill, Dennis Jones, Ron Klein, Alfred Lawson, Jr., Evelyn Lynn, Gwen Margolis, Les Miller, Nan Rich, Gary Siplin, Rod Smith, Alex Villalobos, and Frederica Wilson.

State Representatives Bruce Atone, Loran Ausley, Dorothy Bendross-Mindingall, Kim Berfield, Mary Brandenburg, Phillip Brutus, Susan Bucher, Edward Buller, Faye Culp, Joyce Cusack, Terry L. Fields, Anne M. Gannon, Dan Gelber, Audrey Gibson, Kenneth Gottlieb, Ron Greenstein, Bob Henriquez, Wilbert Holloway, Ed Homan, and Arthenia Joyner.

State Representatives Charles Justice, Will Kendrick, Marcello Llorente, Richard Machek, Matthew Meadows, Frank Peterman, Juan-Carlos Planas, Ari Porth, John Quinones, Curtis Richardson, Julio Robiana, Yolly Roberson, Timothy Ryan, Franklin Sands, John Seiler, Irving Slosberg, Christopher Smith, Eleanor Sobel,

Dwight Stansel, Priscilla Taylor, and Shelley Vana.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. GOHMERT). Under the Speaker's announced policy of January 4, 2005, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

(Mr. PAUL addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise tonight to address the most pressing problem facing our country and the health care system of our country: the growing number of uninsured.

Since 2000, the number of uninsured has grown by more than 10 percent as an additional 1 million Americans have joined the ranks of the uninsured each year. The Robert Wood Johnson Foundation recently reported that the number of individuals without health insurance in this country rose to 46 million this year. This is a problem that we literally cannot afford not to address.

In my State of Texas, we have the unfortunate distinction of ranking number one in the country for our level of uninsured, which has reached crisis proportions. Twenty-five percent of Texans are uninsured, compared with 15.7 percent of Americans nationwide. Twenty-two percent of children in our State are uninsured, compared to 12 percent of American children nationwide.

The increase in the number of uninsured is due in part to the changing nature of health care in this country. Gone are the days when we could rely on our employers to provide comprehensive health insurance for us and

our families. While more than 90 percent of firms with more than 50 employees still offer employer-sponsored coverage, many smaller firms have found they simply cannot afford to offer their employees health insurance. In fact, only 47 percent of firms with fewer than 10 employees offer employer-sponsored coverage.

We are proud that Texas is a small business State, but an unintended consequence is that many of our small business employees do not have access to affordable health insurance. The result is that many Texans, and folks throughout our Nation, have few choices for health insurance other than the individual market.

For American families near the poverty level, the cost of health insurance has to compete with the cost of putting food on your table or a roof over your heads, which is really no choice at all. The typical family of four at the poverty level brings home \$20,000 a year. Given that private health insurance cost \$9,000 a year in 2005, it is no surprise that more than half of Americans below the poverty level spent at least some or part of each year uninsured.

The plight of the uninsured should worry all Americans, as the uninsured have less access to care, become sicker, and impose tremendous costs on our health care system. The uninsured are less likely to seek preventative health care and only get care once their health problems reach emergency proportions. A recent study by the Institute of Medicine estimated that 2,500 Texans die each year as a result of being uninsured. In fact, nearly 50 percent of the uninsured adults have postponed seeking health care because they could not afford it. Only 15 percent of individuals with health insurance have postponed care for this reason. The difference can literally be life or death.

For example, uninsured women with breast cancer have a 30 to 50 percent higher risk of dying from the disease than breast cancer patients with insurance, 30 percent higher than people with health insurance. Uninsured auto accident victims with trauma are 37 percent more likely to die from their injuries than their insured counterparts.

Everyone can agree that something must be done to stem the tide of the uninsured. Yet it is important that we put in place policies that not only increase the number of Americans with health insurance but also ensure that they have quality and comprehensive insurance.

Unfortunately, the health savings plans and association health plans supported by the administration and our Republican colleagues are not a silver bullet. The success of any health insurance plan lies in its ability to spread the risk. However, both the Health Savings Accounts and the AHP models would separate out the healthy and wealthy, leaving sicker and poorer Americans to fend for themselves in an individual health insurance market

that is already out of reach for low-income Americans. This is not the way to ensure our citizens are healthy and productive members of society.

The Federal Government needs to renew its commitment to the most vulnerable members of our society. Faced with record levels of uninsured, we should be adding people to the Medicaid and S-CHIP rolls, not dropping them. We should expand the S-CHIP program to include parents of CHIP kids. That option alone would provide health insurance to 67 percent of CHIP parents in Texas.

We should restore funding for the Healthy Community Access Program, which in my community has helped enroll an additional 250,000 individuals in Medicaid and CHIP, while also directing the uninsured away from the ERs and toward a more appropriate health care home.

These are the programs that work, not HSAs and the AHPs that will place additional burdens on those who need help the most.

Mr. Speaker, if we are going to get this country's health care system out of the ditch, we have to first stop digging.

HONORING BILL WHITEHEART

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOX) is recognized for 5 minutes.

Ms. FOX. Mr. Speaker, I rise today to honor one of my constituents, Mr. Bill Whiteheart, for being named the 2006 "Small Business Champion" for North Carolina by the National Federation of Independent Business, NFIB.

Mr. Whiteheart is the owner of Whiteheart Outdoor Advertising in Lewisville, North Carolina. He is also a Forsyth County Commissioner, a cattle farmer, a real estate broker, and the owner of several other successful companies including Tobacco Transport, Atlantic Storage Trailer Rental Company, Yadkin Valley Traders, Incorporated, and TFG Turf.

Mr. Whiteheart is a successful small businessman who has given a great deal back to his community through his work in organizations like Habitat for Humanity and the Lewisville Civic Club. He is an outstanding role model for other entrepreneurs in our State and is a great spokesperson for small business issues.

Mr. Whiteheart serves as the chairman of NFIB's North Carolina Leadership Council and helps the organization to support and recruit pro-small business candidates.

The National Federation of Independent Business is North Carolina and the Nation's largest small business advocacy group. It is quite an honor for Mr. Whiteheart to be named "Small Business Champion" by this outstanding organization, and I congratulate him for his achievements.